b								Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECO								/م	_	•	
-				.410	12/	DCR						
CLAIMS AS FILED - PART I									. ENTITY	UY	OTHE	R THAN
r	TOTAL CLAIM		Colu	MN 1]	(Col	Column 2)		TYPE		OF		ENTITY
								RATE	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			<u> </u>	minus 20=		•		X\$ 9:	,	OF	X\$1.8=	
INDEPENDENT CLAIMS				minus 3 =				X43=		OF	X86=	
Ľ	IULTIPLE DEP	ENDENT CLAIM	PRESENT			· 🗖		.445	+	70"	`	
•	If the difference	e in column 1	is less than	less than zero, enter "0" in				+145=		OR	<u> </u>	
	;	CLAIMS AS	AMENDE	MENDED - PART II				TOTAL	٠ ــــــ	JOR		Ŀ.,
_		(Column 1)	(Column 2) (Column 3)				OTHER THAN SMALL ENTITY OR SMALL ENTITY					
A]	CLAIMS REMAINING		HIGHE	ST		ľ		ADDI-			ADDI-
AMENDMENT	<u>[</u>	AFTER	.	PREVIO	USLY	PRESENT EXTRA		RATE	TIONA	1	RATE	TIONAL
Ş	Total	1. 16	Minus	- 0	0			X\$ 9=.	17	٦,	X\$18=	PEE
ME	Independent	· 3	Minus		3	-,	_ ;		+/-	OR		/
_	FIRST PRES	ENTATION OF A	AULTIPLE D	EPENDENT	CLAIM		-	X43=		OR	X86=/	
						•		+145=	./	OR	+290=	
	•	•					A	TOTAL ODIT. FE		OR	JOTAL ADDIT, FEE	
_		(Column 1)		(Calumi		(Column 3)				_	1	
AMENDMENT B	5/10/05	REMAINING AFTER		NUMBE	A	PRESENT	ſ	RATE	ADDI-	1 1		ADDI-
		AMENDMENT		PREVIOU PAID FO		EXTRA	_	HATE	TIONAL		RATE	TIONAL
EN C	Total Independent	(me)	Minus	ļ 				X\$ 9=	<u>L</u> :	OR	X\$18=	
ğ		NTATION OF M	Minus ULTIPLE DE	PENDENT C	I AIM	-		X43=,	·	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Γ.	+145=		OR	+290=	
							L	TOTAL		100	TOTAL	
		(Column 1)		(Column	. 21	(Caluma 1)	AD	DIT. FEE	L	JOH A	CONT. FEEL	
,		CLAIMS REMAINING		(Column HIGHES	T	Column 3)	Ė	·	455:	, r		
		AFTER AMENDMENT		PREVIOUS	NJ.	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
r	Total	+	Minus	PAID FO			\vdash		FEE	-		FEE /
	ndependent	•	Minus	***			Ľ	K\$ 9=		OR	X\$18=	·
		TATION OF ML				 .	10	X43=		OR	X86=	-
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
•••	דער או גבאויערים פיי	IDET PTRANSIKOV Po	M E IN THE	C CDAPE 1		B	ADD	OT. FEE	لنــنــ	M AO	TOTAL DOTT. FEE	
· n	- umiesi yaup	er Previously Paid	For (Total or	Independent)	is the hi	chest number (ormed i	in the enn	mad arrivan	×	 .	